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My son is an inmate at the Montana State Prison, and has been on an emotional rollercoaster. He keeps telling me he doesn't want to live and feels hopeless. I took it upon myself to hire Dr. George Athey, a Neuropsychologist out of Topeka Kansas to evaluate Matthew at MSP. Dr. Athey wrote a report indicating that due to my son's rape/sodomy as a young child (4-8 years of age) as well as his mental/physical abuse that he suffers from a complex form of Post Traumatic Stress Disorder.

A year ago Matthew was transferred to Shelby and in July, he was taken by guards to be investigated for no apparent reason. While in isolation, he had a "mental breakdown" tearing the skin off his arms. He was immediately sent back to MSP for mental health treatment. Because he was not receiving any treatment and continued to tell me he was going to commit suicide and felt hopeless, I contacted Brian Garrity, Mental Health Services, Governor's Office, as well as Gary Hamel, Health Services, Department of Corrections. Just recently, Matthew was told that he would not be put into a "group" treatment program, but a college student would be counseling him starting in February.

Terry Kupers, a Psychiatrist and Professor at the Wright Institute in Berkeley, is cochair of the Committee on the Mentally Ill behind Bars of the American Association of Community Psychiatrists. He wrote a book called "Prison Madness," in which he speaks of the effects of massive prison overcrowding. Small cells, built for one, become home for two. Prison gymnasiums become impromptu dorms, crammed with hundreds of bunk beds. Over the years, the prison population has exploded, education and rehabilitation programs have been dismantled, leaving prisoners with few if any meaningful activities and no opportunity to prepare themselves for "going straight" after they are released. The prisoners become irritable, tempers flare, racial tensions mount, abuse of the weak intensifies, there are more rapes, more men and women are sent to solitary confinement, and

the rage keeps building. Is it any wonder crowding causes dramatic increases in the rates of violence, mental illnesses, psychiatric breakdowns, and suicides?

Prison constitutes meanness training: the meaner a prisoner becomes, the greater the chance of survival. Mentally ill prisoners have difficulty coping with the prison code: Either they are intimidated by staff into snitching or they are manipulated by other prisoners into doing things that get them into deep trouble. Mentally ill prisoners are extra-sensitive to the everyday traumas of prison life, and they are massively overrepresented among the prisoners in punitive and administrative segregation or "lock-up" units. Meanwhile, with the overcrowding of prisons and the removal of rehabilitation programs, the meanness goes unabated and proliferates, more prisoners crack under the strain, and a larger proportion of the population are locked in solitary or segregation units of one kind or another.

Dr. Kupers further states, "I regret to break the news: We need to spend money to establish adequate mental health services behind bars." The relevant principle is that spending some money up-front means spending less in the long run. The imprisonment of a mentally ill person is an illustration of this principle in action. The public mental health system in the community is reeling from massive budget reductions, requiring closure of outpatient treatment facilities and shorter stays in hospitals and residential halfway houses. But these budget reductions constitute false economizing. If the individual patient was permitted to visit a psychotherapist on a regular basis, spend more time talking to a psychiatrist, or stay in a halfway house long enough to get his bearings, he would be less likely to recycle into the psychiatric inpatient ward or be arrested. A comparison of the costs involved in operating the current correctional system with the cost of effective psychiatric and drug treatment exposes the pure folly of confining seriously mentally ill felons in our harsh, overcrowded prisons.

State Prison Warden Mike Mahoney was quoted as saying, "Prison is no place to treat mental illness, but mental illness is a growing problem in prisons. " Nationally, 18 to 20 percent of all inmates suffer from mental health problems and we're right in that ballpark." "The prison gets these people by default because there's no other place to put them." "But, in my estimation, Montana State Prison is not the place to treat mental illness." " Legislators have left the state mental hospital with so little funding that it can no longer provide adequate treatment, leaving them to go to prison."

Dr. Kupers says to consider a hypothetical life history of a mentally disordered adult felon. He was probably abused as a child, he probably failed in school and drifted into crime and drugs instead of finding meaningful employment. With the added stress of unemployment, illicit drugs, a lack of family support, trouble with the law, he experienced his first psychotic episode in his late teens or early twenties. Whether his first breakdown occurred in a correctional setting or the community, after he developed a severe and persistent mental illness, he became increasingly dysfunctional and eventually was convicted of a crime and received a long prison sentence.

If we think for a moment about when we could have intervened most effectively to help this individual avoid a life of crime and imprisonment, it's obvious that the earlier we could have done so the better would have been our chances of helping him.

I read an article where the new "Prozac Nation," cats, dogs, birds, horses, etc., whose behavior has been changed, whose anxieties and fears have been quelled after being prescribed antidepressants. Inmates are "human beings," and it appears are not able to get the "mental health treatment"

**they need. What is this saying? Animals have more value
than human beings?**

Mental health a growing concern, state prison warden says

By ERIC NEWHOUSE
Tribune Projects Editor

SHELBY — Prison is no place to treat mental illness, State Prison Warden Mike Mahoney told the Corrections Advisory Council on Wednesday.

But mental health is a growing problem in prisons, he said, and corrections officials are working to meet new Supreme Court guidelines.

"Nationally, 18 to 20 percent of all inmates suffer from mental health problems, and we're right in that ballpark," said Mahoney.



Mahoney

The prison gets these people by default because there's no other place to put them, he said.

"But in my estimation, Montana State Prison is not the place to treat mental illness," said Mahoney.

Legislators have left the state mental hospital with so little funding that it can no longer provide adequate treatment, leaving them to go to prison.

"It's a growing concern for me," said the warden. "The state of Montana can no longer afford to ignore this problem."

Corrections Director Bill Slaughter added that lack of mental health resources now means the prison gets referrals from the state hospital.

"They stabilize them a little on medications," he said. "Then we get them."

He also agreed prison isn't the right place for the mentally ill.

"Folks deteriorate in our system," he explained. "It's a stressful environment."

"You have to ask yourself whether prison is an appropriate place for these people, and in many cases, it's not," Slaughter said. "But who's going to take them?"

Slaughter said his concerns

have become more intense since the case of Mark Walker of Great Falls ended up in the state Supreme Court.

Last year, the court directed the Corrections Department not subject mentally ill inmates like Walker to so-called behavior management plans, in which prisoners lose privileges for misbehaving.



Walker

"Behavior management plans are a critical part of our prison management," said Mahoney. "It controls individuals who try to tear our institution apart and to incite others to do the same."

Department counsel Diana Koch briefed the council on the department's response to the Walker case.

She said justices appeared outraged that prisoners like Walker were locked in their cells without

clothing and without bedding.

Both those practices have changed, she said.

Clothing was removed because unruly inmates could use it to hang themselves or to stop up their toilets, she said.

"We have designed a garment that an inmate can wear," she said. "It's so thick that they can't hang themselves with it or stop up the toilets."

The prison also is providing so-called suicide mattresses, she said.

"We now have mattresses that they can't take apart," Koch said, "and they're too limp to stand up against a window and obstruct the view."

The next step, Koch said, is to get better guidance from sentencing judges on what prisoners need.

"We have a problem in how we treat mentally ill inmates. It starts with sentencing," she said. "Should we treat them as offenders or patients?"



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By Carla Hall, Times Staff Writer
January 10, 2007

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WHAT could be wrong with Shadow? The green-eyed, long-haired cat had adapted well to his Santa Monica home. There was a carpeted cat tree in the living room for his climbing pleasure. He appeared to have reached an understanding about sharing the house with the other resident feline.

Then one day his owners saw wet spots around the house: Shadow was urine-spraying. The door was a favorite target. So was the side of the sofa. And a corner wall of the living room.

Not to be confused with eschewing the litter pan, spraying is a ritual of territorial marking that cats sometimes do whether they are spayed or neutered — as Shadow is — or not.

Shadow's keepers, Fernanda Gray and Elliot Goldberg, were distressed. Pet ownership, they believe, is a trust not to be betrayed. "I don't throw animals away," said Gray, who with her husband now owns three cats.

But Shadow's spraying had tested the couple's resolve. They had to replace draperies, carpeting and the sofa. Their veterinarian was running out of ideas to discourage Shadow's habit.

Then Gray saw a small newspaper ad in 2001: "Spraying Cats Needed for Study." Shadow was accepted into a double-blind study of an undisclosed medication's effect on the behavior.

Fourteen days later, the spraying abruptly stopped.

The drug was Prozac. Five years later, Shadow is still taking the medication — half a 10-milligram tablet once a day — in its generic form, fluoxetine, a \$16 supply of which lasts about four months.

"He's still active, he's still his hyperactive self," Gray said. "But it just takes that anxiety away."

THEY are the new "Prozac Nation": cats, dogs, birds, horses and an assortment of zoo animals whose behavior has been changed, whose anxieties and fears have been quelled and whose owners' furniture has been spared by the use of antidepressants. Over the last decade, Prozac, Buspar, Amitriptyline, Clomicalm — clomipromine that is marketed expressly for dogs — and other drugs have been used to treat inappropriate, destructive and self-injuring behavior in animals.

It's not a big nation yet. But "over the past five years, use has gone up quite a bit," said veterinarian Richard Martin of the Brentwood Pet Clinic in West Los Angeles. Half a decade ago, no more than 1% of his patients were on antidepressants. Now, Martin estimates that 5% of the 8,000 cats and dogs seen at the clinic are taking drugs for their

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behavior.

The use of antidepressants is another example of the growing sophistication of medical care available to animals and willingly financed by owners who see pets as cherished companions. For these owners, drug therapy is not just another indulgence like Louis Vuitton carriers and day spas for the pampered pet. In their eyes, medication is urgent. Indeed, the new Prozac Nation is not populated with the worried well of the animal kingdom; it's filled with animals behaving so badly they're in danger of being cast off to a shelter and, possibly, a death sentence.

"If you have a cat that sprays constantly, that's not a cat you're likely to keep," said Elyse Kent, the veterinarian who owns the Westside Hospital for Cats. "We were compelled to try these behavioral modification drugs."

Kent has been treating cats with psychoactive drugs, mostly for spraying or aggression, for 12 years. After a UC Davis study published in 2001 showed that fluoxetine reduced feline spraying — and following the success of Kent's patient, Shadow, in a Prozac trial — Prozac became a frequent choice at her clinic.

"I'd say twice a week, someone comes in to get a prescription for Prozac or fluoxetine or clomipromine," said Kent, who nonetheless estimates that at any one time only 1% of her practice's 3,000 patients are taking a psychoactive drug. ("Six weeks to three months is the average" length of treatment, she said.)

Veterinarians who prescribe psychoactive drugs insist they are not Dr. Feelgoods for the animal set. They do medical work-ups on animals, they say, to rule out physical causes for destructive or neurotic actions and prefer to use behavior modification instead of — or, at least, along with — drug therapy. Sometimes they have to deflate the expectations of owners eager to place their pets on antidepressants.

"I tell people if I had a magic pill, I would give it to them," said veterinary behaviorist Karen Sueda, who works at the VCA West Los Angeles Animal Hospital. "In most cases when we give medication, it is not going to be a quick fix."

Said Curtis Eng, chief veterinarian of the Los Angeles Zoo: "My feeling is they are a useful tool — one of many — to decrease stress and anxiety on an animal. If you can relieve the stressors through a behavior management program, I would much rather do that. But sometimes you need a little extra help to get them over that hump."

When the zoo was coaxing a male orangutan, Minyak, back to respiratory health and enough energy for mating, veterinarians consulted with a psychiatrist and put the primate on the antidepressant Remeron.

"He was put on it for depression," said Eng, who noted a beneficial side effect: Miknyak hadn't been eating well and the drug increased his appetite. The orangutan bred successfully, fathering a healthy baby in 2005, and he is being weaned off the antidepressant.

 Single page 1 2 3 >>

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Some inmates shouldn't be

By the Helena IR - 12/03/06

As lawmakers gear up to deal with Gov. Brian Schweitzer's proposed budget, which includes a 42 percent increase for the Department of Corrections, we hope they've been paying attention to testimony last week before the state's Corrections Advisory Council.

According to a panel of experts, Montana is wasting millions of dollars by incarcerating people who should be in treatment programs, not behind bars.

For instance, they said, many sex offenders — a category that accounts for about a third of Montana's prison population — are teenage boys who had consensual sex with under-aged girls. "These guys aren't predators," said Mike Scolatti, a Missoula psychologist who works with inmates at the Montana State Prison in Deer Lodge. He said treatment in prison for these "level 1" offenders costs \$49,000 a year for each of them, or \$6.7 million annually. If just half of them were sentenced to outpatient treatment instead, the state would save \$3,381,000 a year.

Scolatti said recidivism rates for 222 sexual offenders treated and released from prison between 1988 and 2005 show that these prisoners aren't re-offending. Only four of them have been returned to prison for new sexual offenses — just 1.8 percent of the total.

Others said Montana could save millions more by allowing nonviolent drug offenders to receive treatment rather than prison time. Daniel N. Abrahamson, director of legal affairs for the Drug Policy Alliance, said that under Proposition 36 in California, which permits certain offenders to choose treatment over prison, the state saved \$1.5 billion over five years, largely by not having to build more prison space. "One study showed that for every \$1 spent on treatment, taxpayers have saved \$2.50," he said.

Our hard-line, throw-them-in-prison response to non-predatory sexual offenders and non-violent drug offenders is not only doing the inmates no good, it is costing all of us dearly.

It is time for lawmakers to rethink practices that have Montana's prison population growing at the second-fastest rate in the country.

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